

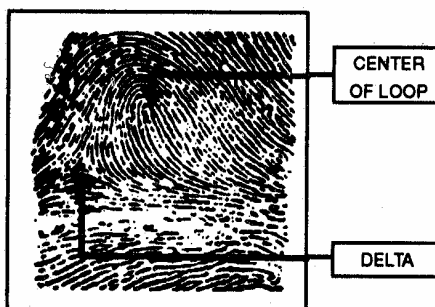
APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK																																									
				LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME																																											
				Doe		John		David																																											
SIGNATURE OF PERSON FINGERPRINTED				ALIASES <u>AKA</u>		O R I SCDHECOOZ SC DHEC COLUMBIA, SC				DATE OF BIRTH <u>DOB</u> Month <u>01</u> Day <u>25</u> Year <u>1958</u>																																									
				Phil Smith																																															
RESIDENCE OF PERSON FINGERPRINTED 1300 Haven St. Denmark, SC 29000				CITIZENSHIP <u>CTZ</u>		SEX <u>M</u>		RACE <u>C</u>		HGT. <u>72"</u>																																									
				USA		WGT. <u>165</u>		EYES <u>BN</u>		HAIR <u>BL</u>																																									
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u>		LEAVE BLANK																																													
				License # <u>ADC-000</u>																																															
				FBI NO. <u>FBI</u>																																															
				ARMED FORCES NO. <u>MNU</u>																																															
EMPLOYER AND ADDRESS ABC Adult Day Care 22 W. St. Columbia, SC 29000				SOCIAL SECURITY NO. <u>SOC</u>		CLASS _____																																													
				000-00-0000																																															
REASON FINGERPRINTED Day Care Facility for Adults, Volunteer PL 92-544 (SCAA SEC. 44-7-2910)				MISCELLANEOUS NO. <u>MNU</u>		REF. _____																																													
<table border="1"><tr><td colspan="2">1. R. THUMB</td><td colspan="2">2. R. INDEX</td><td colspan="2">3. R. MIDDLE</td><td colspan="2">4. R. RING</td><td colspan="2">5. R. LITTLE</td></tr><tr><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td></tr><tr><td colspan="2">6. L. THUMB</td><td colspan="2">7. L. INDEX</td><td colspan="2">8. L. MIDDLE</td><td colspan="2">9. L. RING</td><td colspan="2">10. L. LITTLE</td></tr><tr><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td></tr></table>												1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE												6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE											
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LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY																																											

**Fingerprint Card – Used for Volunteers (All Facility Types),
Employees of Day Care Facilities for Adults,
Employees of Community Residential Care Facilities, and
Temporary Employees Provided to Direct Care Entities by Third Party Organizations**

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306**

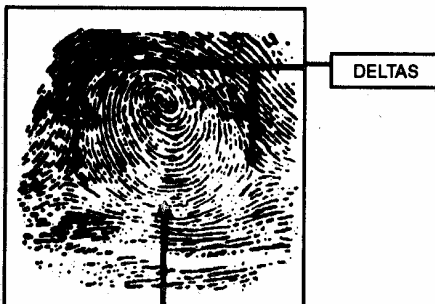
APPLICANT

1. LOOP



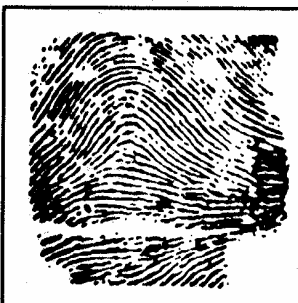
THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. NOTATE IN THE APPROPRIATE FINGER BLOCKS IF APPLICANT IS MISSING ONE OR MORE FINGERS FOR ANY REASON. IF NOT MISSING, ALL TEN IMPRESSIONS MUST BE PROVIDED WITH SCARS AND DEFORMITIES NOTATED.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

INSTRUCTIONS:

- *1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
 2. PRIVACY ACT OF 1974 (PL. 93-579) REQUIRES THAT FEDERAL STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION AND USES WHICH WILL BE MADE OF IT.
 - **3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
 4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).